

Please read:

This document contains information about the drugs we cover in this plan.



2024 Formulary

HMSA Akamai Advantage Dual Care (PPO SNP)

List of Covered Drugs

Formulary ID 00024208, version 18

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672. TTY users, call 711. Telephone hours are 8 a.m. to 8 p.m., seven days a week or visit [hmsa.com/advantage](https://www.hmsa.com/advantage).



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MedicareRx
Prescription Drug Coverage

H3832_8700_826554_R6M417_24_C

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means HMSA. When it refers to “plan” or “our plan,” it means HMSA Akamai Advantage® Dual Care (PPO SNP).

This document includes a list of the drugs (formulary) for our plan, which is current as of Dec. 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

What is the HMSA Akamai Advantage Dual Care Formulary?

A formulary is a list of covered drugs selected by HMSA Akamai Advantage Dual Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HMSA Akamai Advantage Dual Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an HMSA Akamai Advantage Dual Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on Jan. 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List

if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the HMSA Akamai Advantage Dual Care Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also

include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the HMSA Akamai Advantage Dual Care Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on Jan. 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of Dec. 1, 2024. To get updated information about the drugs covered by HMSA Akamai Advantage Dual Care, please contact us. Our contact information appears on the front and back cover pages. We will inform members of any formulary changes to this comprehensive formulary through our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 55. The Index provides an alphabetical list of all of the drugs included in this

document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HMSA Akamai Advantage Dual Care covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** HMSA Akamai Advantage Dual Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HMSA Akamai Advantage Dual Care before you fill your prescriptions. If you don’t get approval, HMSA Akamai Advantage Dual Care may not cover the drug.
- **Quantity Limits:** For certain drugs, HMSA Akamai Advantage Dual Care limits the amount of the drug that HMSA Akamai Advantage Dual Care will cover. For example, HMSA Akamai Advantage Dual Care provides 30 tablets per 30 day supply for simvastatin 80mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HMSA Akamai Advantage Dual Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HMSA Akamai Advantage Dual Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HMSA Akamai Advantage Dual Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formu-

ulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HMSA Akamai Advantage Dual Care to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the HMSA Akamai Advantage Dual Care formulary?" on this page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered. If you learn that HMSA Akamai Advantage Dual Care does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by HMSA Akamai Advantage Dual Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HMSA Akamai Advantage Dual Care.
- You can ask HMSA Akamai Advantage Dual Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HMSA Akamai Advantage Dual Care Formulary?

You can ask HMSA Akamai Advantage Dual Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide

the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HMSA Akamai Advantage Dual Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, HMSA Akamai Advantage Dual Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (if your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication). After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section above, "How do I request an exception to HMSA's Akamai Advantage Dual Care formulary?" to learn more about how to request an exception. Please contact Customer Relations if your drug is not on our formulary or is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan.

This formulary was updated on 12/01/2024.

If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care facility or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

For more information

For more detailed information about your HMSA Akamai Advantage Dual Care prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about HMSA Akamai Advantage Dual Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1 (800) MEDICARE [1 (800) 633-4227] 24 hours a day, seven days a week. TTY users should call 1 (877) 486-2048. Or visit www.medicare.gov.

HMSA Akamai Advantage Dual Care Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Akamai Advantage Dual Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

The first column of the chart lists the drug name. Brand-name drugs are capitalized and generic drugs are listed in lowercase italics.

The information in the requirements/limits column tells you if HMSA Akamai Advantage Dual Care has any special requirements for coverage of your drug.

Drug tier index:

Tier 1 - Generic and Brand

Please refer to the *Summary of Benefits or Evidence of Coverage* for associated copayment or coinsurance amounts. Our plan covers most Part D vaccines at no cost to you. You won't pay more than \$35 for a one-month supply of each covered insulin product.

Abbreviations used in this Formulary

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Akamai Advantage Dual Care before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Akamai Advantage Dual Care will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark®.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, please call Customer Relations.

LA – Limited Availability: This prescription may be available only at certain pharmacies. For more information, consult your Provider Directory or call Customer Relations at the numbers listed on the back of this booklet.

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>probenecid</i> TABS 500mg	1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate LPOP</i> 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	1	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl LIQD</i> 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl TABS</i> 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate SOLN</i> 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate SOLN</i> 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN</i> 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate TABS</i> 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>nalbuphine hcl SOLN</i> 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl CAPS 5mg</i> QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl CONC</i> 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl SOLN</i> 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl TABS 5mg,</i> 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate SOLN</i> 1gm/4ml, 500mg/2ml	1	
<i>atovaquone SUSP</i> 750mg/5ml	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg	1	NM LA PA
<i>clindamycin hcl CAPS 75mg,</i> 150mg, 300mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin</i> SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg QL (12 tabs / year)	1	QL
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin</i> TABS 3mg QL (12 tabs / 90 days)	1	QL PA
<i>linezolid</i> SOLN 600mg/300ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	1	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	1	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>tobramycin</i> NEBU 300mg/5ml	1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	1	QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	1	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	1	QL
EDURANT TABS 25mg	1	
<i>efavirenz</i> TABS 600mg	1	
<i>emtricitabine</i> CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
<i>etravirine</i> TABS 100mg, 200mg	1	
<i>fosamprenavir calcium</i> TABS 700mg	1	
FUZEON SOLR 90mg	1	LA
INTELENCE TABS 25mg	1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	
ISENTRESS HD TABS 600mg	1	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
<i>maraviroc</i> TABS 150mg, 300mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	
NORVIR PACK 100mg	1	
PIFELTRO TABS 100mg	1	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	1	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	1	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	1	QL
REYATAZ PACK 50mg	1	
<i>ritonavir</i> TABS 100mg	1	
RUKOBIA TB12 600mg	1	
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	1	
SUNLENCA TBPK 300mg	1	LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	
TIVICAY TABS 10mg, 25mg, 50mg	1	
TIVICAY PD TBSO 5mg	1	
TROGARZO SOLN 200mg/1.33ml	1	LA
TYBOST TABS 150mg	1	
VIRACEPT TABS 250mg, 625mg	1	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i>	1	
BIKTARVY TAB 30-120-15 MG	1	
BIKTARVY TAB 50-200-25 MG	1	
CIMDUO TAB 300-300	1	
COMPLERA TAB	1	
DELSTRIGO TAB	1	
DESCOVY TAB 120-15MG	1	
DESCOVY TAB 200/25MG	1	
DOVATO TAB 50-300MG	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i>	1	
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100- 150 mg</i>	1	
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133- 200 mg</i>	1	
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167- 250 mg</i>	1	
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200- 300 mg</i>	1	
EVOTAZ TAB 300-150	1	
GENVOYA TAB	1	
JULUCA TAB 50-25MG	1	
<i>lamivudine-zidovudine tab</i> <i>150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25</i> <i>mg</i>	1	
<i>lopinavir-ritonavir tab 200-50</i> <i>mg</i>	1	
ODEFSEY TAB	1	
PREZCOBIX TAB 800-150	1	
STRIBILD TAB	1	
SYMTUZA TAB	1	
TRIUMEQ PD TAB	1	
TRIUMEQ TAB	1	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	1	NM LA PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	NM PA
EPCLUSA PAK 200-50MG	1	NM PA
EPCLUSA TAB 200-50MG	1	NM PA
EPCLUSA TAB 400-100	1	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM PA
HARVONI PAK 45-200MG	1	NM PA
HARVONI TAB 45-200MG	1	NM PA
HARVONI TAB 90-400MG	1	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
MAVYRET PAK 50-20MG	1	NM PA
MAVYRET TAB 100-40MG	1	NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 30 days) \$0 Cost Share	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 30 days) \$0 Cost Share	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	1	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	1	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	1	
VOSEVI TAB	1	NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	1	QL
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
CEFAZOLIN INJ 3GM/150ML- 4%	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafticillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	1	NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE	1	B/D NM
HYDROCHLORID SOLN 100mg/4ml		
BENDEKA SOLN 100mg/4ml	1	B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	1	QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	1	QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	1	QL NM LA PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	1	QL NM LA PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	1	QL NM LA PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	1	QL NM LA PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	1	QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	1	QL NM LA PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
FIRMAGON SOLR 80mg, 120mg/vial	1	NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM PA
LYSODREN TABS 500mg	1	NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	1	QL NM LA PA
ORGOVYX TABS 120mg	1	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	1	QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	1	QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg QL (120 caps / 30 days)	1	QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	1	QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	1	QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	1	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	1	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	1	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	1	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	1	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
THALOMID CAPS 50mg QL (84 caps / 28 days)	1	QL NM LA PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	1	QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	1	QL NM LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	1	QL NM LA PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	1	QL NM PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	1	QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	1	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	1	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	1	QL NM PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NM LA
WELIREG TABS 40mg QL (90 tabs / 30 days)	1	QL NM LA PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	1	QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	1	QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	1	QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	1	QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	1	QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	1	QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	1	QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	1	QL NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM PA
<i>bortezomib</i> SOLR 3.5mg	1	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	1	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	1	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	1	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	1	QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	1	QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	1	QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	1	QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	1	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	1	QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	1	QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	1	QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	1	QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	1	QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	1	QL NM LA PA
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	1	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	1	QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	1	QL NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	1	QL NM LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	1	QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	1	QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	1	QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	1	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>gefitinib</i> TABS 250mg QL (30 tabs / 30 days)	1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	1	QL NM LA PA
HERCEP HYLEC SOL 60- 10000	1	NM LA PA
HERCEPTIN SOLR 150mg	1	NM LA PA
HERZUMA SOLR 150mg, 420mg	1	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	1	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	1	QL NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	1	QL NM LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	1	QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	1	QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	1	QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	1	QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	1	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	1	QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	1	QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	1	QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	1	QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	1	QL NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KADCYLA SOLR 100mg, 160mg	1	B/D NM LA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	1	QL NM LA PA
KANJINTI SOLR 150mg, 420mg	1	NM LA PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	1	QL NM LA PA
KEYTRUDA SOLN 100mg/4ml	1	NM LA PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	1	QL NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	1	QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	1	QL NM LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	1	QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	1	QL NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	1	QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	1	QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	1	QL NM LA PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	1	QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	1	QL NM LA PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	1	QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	1	QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	1	QL NM LA PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	1	QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	1	QL NM LA PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	1	QL NM LA PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	1	QL NM LA PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	1	QL NM LA PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	1	QL NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	1	QL NM LA PA	MONJUVI SOLR 200mg	1	NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	1	QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	1	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	1	QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	1	QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	1	QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	1	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	1	QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	1	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	1	QL NM LA PA	OGIVRI SOLR 150mg, 420mg	1	NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	1	QL NM LA PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	1	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	1	QL NM LA PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	1	QL NM LA PA
			OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	1	QL NM LA PA
			OJEMDA TABS 100mg QL (24 tabs / 28 days)	1	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	1	QL NM LA PA	SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	1	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	1	NM LA PA	<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	1	QL NM LA PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	1	QL NM PA
PHESGO SOL	1	NM LA PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	1	QL NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	1	QL NM PA	<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	1	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	1	QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	1	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	1	QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	1	QL NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	1	QL NM LA PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	1	QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	1	QL NM LA PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	1	QL NM LA PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	1	QL NM LA PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	1	QL NM LA PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	1	QL NM LA PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	1	QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	1	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	1	QL NM LA PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	1	QL NM PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	1	QL NM LA PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	1	QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	1	QL NM LA PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	1	QL NM LA PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	1	QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	1	QL NM LA PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	1	QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	1	QL NM PA	<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM LA PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA	TRAZIMERA SOLR 150mg, 420mg	1	NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	1	QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	1	QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	1	QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	1	QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	1	QL NM LA PA
VENCLEXTA TABS 10mg, 50mg QL (112 tabs / 28 days)	1	QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	1	QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	1	QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	1	QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	1	QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	1	QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	1	QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	1	QL NM LA PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	1	QL NM LA PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	1	QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	1	QL NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	1	QL NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	1	QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	1	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	1	QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	1	QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	1	QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	1	QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	1	QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	1	QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	1	QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	1	QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	1	QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	1	QL NM LA PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-</i> <i>benazepril hcl cap</i> 2.5-10 mg QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)</i>	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)</i>	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)</i>	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)</i>	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)</i>	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)</i>	1	QL
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	1	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	1	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	1	QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afI) TABS 80mg, 120mg, 160mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colestevlam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab</i> 10- 10 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10- 20 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10- 40 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10- 80 mg QL (30 tabs / 30 days)	1	QL
<i>NEXLETOL</i> TABS 180mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>NEXLIZET TAB</i> 180/10MG QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap</i> 1 gm	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
<i>REPATHA SOSY</i> 140mg/ml	1	NM PA
<i>REPATHA PUSHTRONEX</i> SYSTEM SOCT 420mg/3.5ml	1	NM PA
<i>REPATHA SURECLICK</i> SOAJ 140mg/ml	1	NM PA
<i>VASCEPA</i> CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5- 6.25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10- 6.25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100- 25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100- 50 mg	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	1	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i> QL (30 tabs / 30 days)	1	QL
<i>droxidopa CAPS 100mg</i> QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa CAPS 200mg, 300mg</i> QL (180 caps / 30 days)	1	QL NM PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i> PA if 70 years and older	1	PA
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i> QL (60 tabs / 30 days)	1	QL
<i>metyrosine CAPS 250mg</i>	1	NM PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	1	QL NM LA PA
<i>ambrisentan TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL NM LA PA
<i>bosentan TABS 62.5mg, 125mg</i> QL (60 tabs / 30 days)	1	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	1	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg</i> QL (360 tabs / 30 days)	1	QL NM PA
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	1	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NM LA PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam TABS .25mg, .5mg, 1mg, 2mg</i> QL (150 tabs / 30 days)	1	QL
<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>fluvoxamine maleate TABS 25mg, 50mg, 100mg</i>	1	
<i>lorazepam CONC 2mg/ml</i> QL (150 mL / 30 days)	1	QL
<i>lorazepam SOLN 2mg/ml, 4mg/ml</i>	1	
<i>lorazepam TABS .5mg, 1mg, 2mg</i> QL (150 tabs / 30 days)	1	QL

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<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> PA applies if 29 years and younger	1	PA
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	1	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	1	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	1	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	1	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	1	QL

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<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1		<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	1	PA
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	1	QL PA	<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1		<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1		<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1		<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1		<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1		<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1		<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	1	QL	<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	1	QL	<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1		<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	1	QL LA PA	<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	1	QL LA PA	<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
ANTIPARKINSONIAN AGENTS			<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>entacapone</i> TABS 200mg	1	
			INBRIJA CAPS 42mg QL (300 caps / 30 days)	1	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	1	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	1	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	1	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	1	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	1	QL
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	1	QL PA
FANAPT PAK QL (2 packs / year)	1	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	1	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	1	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	1	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	1	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	1	QL NM LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	1	QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	1	QL
REXULTI TABS .25mg, .5mg, 1 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	1	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	1	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	1	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	1	QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	1	QL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	1	QL

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Drug Name	Tier	Drug Requirements/ Limits
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	1	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	1	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	1	QL PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	1	QL PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	1	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	1	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	1	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	1	QL NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	1	QL NM LA PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	1	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	1	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	1	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	1	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	1	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	1	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	1	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	1	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	1	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	1	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM LA PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM LA PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	1	QL NM LA PA
<i>vigpoder</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM LA PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	1	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	1	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	1	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	1	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	1	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	1	QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	1	QL
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl TABS 10mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i> QL (30 tabs / 30 days) PA if 70 years and older	1	QL PA
<i>guanfacine hcl (adhd) TB24 3mg</i> QL (60 tabs / 30 days) PA if 70 years and older	1	QL PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i> QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl SOLN 5mg/5ml</i> QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl SOLN 10mg/5ml</i> QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i> QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i> QL (30 tabs / 30 days)	1	QL
<i>eszopiclone TABS 1mg, 2mg, 3mg</i> QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>tasimelteon CAPS 20mg</i> QL (30 caps / 30 days)	1	QL NM PA
<i>temazepam CAPS 7.5mg, 30mg</i> QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>temazepam CAPS 15mg</i> QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>zaleplon CAPS 5mg</i> QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zaleplon CAPS 10mg</i> QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate TABS 5mg, 10mg</i> QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE		
<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i> QL (1 pen / 30 days)	1	QL NM PA
<i>dihydroergotamine mesylate SOLN 1mg/ml</i>	1	
<i>dihydroergotamine mesylate SOLN 4mg/ml</i> QL (8 mL / 30 days)	1	QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	1	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBP 5mg, 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	1	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	1	QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	1	QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	1	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	1	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	1	QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	1	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	1	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	1	QL NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	1	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
VIVITROL SUSR 380mg	1	NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	1	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 1.62% QL (150 gm / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	1	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	1	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	1	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	1	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	1	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	1	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	1	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	1	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	1	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 (brand RELION not covered)	1		OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	1	QL PA
NOVOLIN INJ 70/30 FP (brand RELION not covered)	1		OMNIPOD DASH KIT INTRO QL (1 kit / year)	1	QL PA
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	1		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	1	QL PA
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	1		OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	1		OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1		OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	1		OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	1		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	1		OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	1	QL PA
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	1		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	1	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	1	QL PA	SOLIQUA INJ 100/33 QL (5 pens / 25 days)	1	QL
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	1	QL PA	TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	1	QL PA	TOUJEO SOLOSTAR SOPN 300unit/ml	1	
			TRESIBA SOLN 100unit/ml	1	
			TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
			V-GO 20 KIT QL (30 devices / 30 days)	1	QL PA
			V-GO 30 KIT QL (30 devices / 30 days)	1	QL PA
			V-GO 40 KIT QL (30 devices / 30 days)	1	QL PA
			XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM PA
XGEVA SOLN 120mg/1.7ml	1	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	1	NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth</i> <i>estrاد tab 0.15-0.02/0.01</i> <i>mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol</i> <i>tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451</i> <i>mg</i>	1	
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1
<i>falmina</i>	1
<i>finzala</i>	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i>	1
<i>heather TABS .35mg</i>	1
<i>iclevia</i>	1
<i>incassia TABS .35mg</i>	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i>	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna</i>	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq TABS .35mg</i>	1
<i>lyza TABS .35mg</i>	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin 24 fe</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
<i>mono-lynyah</i>	1
<i>necon 0.5/35-28</i>	1
<i>nikki</i>	1
<i>nora-be TABS .35mg</i>	1
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1
<i>norethindrone (contraceptive) TABS .35mg</i>	1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella</i>	1
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
<i>tydemy</i>	1
<i>velivet</i>	1
<i>vestura</i>	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i>	1
ENDOMETRIOSIS	
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1
<i>SYNAREL SOLN 2mg/ml</i>	1 PA
ESTROGENS	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> PTTW .025mg/24hr, 1 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1		<i>methylprednisolone</i> TBPK 4mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1		<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1		<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1		<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>fyavolv tab 0.5mg-2.5mcg</i>	1		<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>fyavolv tab 1mg-5mcg</i>	1		<i>prednisone</i> TBPK 5mg, 10mg	1	
<i>jinteli</i>	1		PREDNISON INTENSOL CONC 5mg/ml	1	B/D
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1		SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
<i>mimvey</i>	1		GLUCOSE ELEVATING AGENTS		
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1		<i>diazoxide</i> SUSP 50mg/ml	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1		GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
<i>yuvaferm</i> TABS 10mcg	1		GVOKE KIT SOLN 1mg/0.2ml	1	
GLUCOCORTICOIDS			GVOKE PFS SOSY 1mg/0.2ml	1	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D	MISCELLANEOUS		
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D	ALDURAZYME SOLN 2.9mg/5ml	1	NM LA PA
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1		<i>betaine powder for oral solution</i>	1	NM LA
<i>fludrocortisone acetate</i> TABS .1mg	1		<i>cabergoline</i> TABS .5mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1		<i>carglumic acid</i> TBSO 200mg	1	NM LA PA
<i>hydrocortisone sod succinate</i> SOLR 100mg	1		CERDELGA CAPS 84mg	1	NM LA PA
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D	CEREZYME SOLR 400unit	1	NM LA PA
			<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D QL NM
			QL (60 tabs / 30 days)		
			<i>cinacalcet hcl</i> TABS 90mg	1	B/D QL NM
			QL (120 tabs / 30 days)		
			CYSTAGON CAPS 50mg, 150mg	1	NM LA PA
			<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
			<i>desmopressin acetate spray</i> SOLN .01%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM LA PA
GENOTROPIN CART 5mg, 12mg	1	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM PA
INCRELEX SOLN 40mg/4ml	1	NM LA PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM LA PA
KORLYM TABS 300mg	1	NM LA PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
NAGLAZYME SOLN 1mg/ml	1	NM LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM LA PA
<i>yargesa</i> CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg QL (90 tabs / 30 days)	1	QL
<i>lanthanum carbonate</i> CHEW 750mg QL (180 tabs / 30 days)	1	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	1	QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
THYROID AGENTS					
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>compro</i> SUPP 25mg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1		<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>methimazole</i> TABS 5mg, 10mg	1		<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1		<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
VITAMIN D ANALOGS			<i>prochlorperazine</i> SUPP 25mg	1	
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D	<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
RAYALDEE CPCR 30mcg	1		<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	1	QL PA
GASTROINTESTINAL ANTIEMETICS			ANTISPASMODICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D	<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
			<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
			H2-RECEPTOR ANTAGONISTS		
			<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
			<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
			<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	1	QL

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<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 1 20 mg/50ml		
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	1	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	1	QL PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	1	
GATTEX KIT 5mg	1	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	1	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	1	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	1	QL PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg QL (84 tabs / 28 days)	1	QL NM LA PA
XIFAXAN TABS 550mg	1	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

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Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	1	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	1	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2% .75%	1	
<i>metronidazole vaginal</i> GEL .4%, .8%; SUPP 80mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	1	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	1	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	1	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	

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<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg QL (120 caps / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	1	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	1	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	1	QL NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	1	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	1	QL NM LA PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	1	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	1	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	1	QL NM LA PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	1	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	1	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	1	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	1	QL NM LA PA
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM LA PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	1	PA

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prasugrel hcl TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	1	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	1	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	1	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	1	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
INFLIXIMAB SOLR 100mg	1	NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	1	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	1	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	1	QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	1	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	1	QL NM PA
REMICADE SOLR 100mg	1	NM LA PA
RENFLEXIS SOLR 100mg	1	NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	1	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	1	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	1	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (12 vials / 365 days)	1	QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	1	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	1	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM LA PA
STELARA SOLN 130mg/26ml	1	NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	1	QL NM LA PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	1	QL NM LA PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	1	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	1	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	1	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	1	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	1	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM LA PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM PA
GAMASTAN INJ	1	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM LA PA
ARCALYST SOLR 220mg	1	NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D
azathioprine TABS 50mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	1	QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	1	NM LA PA
cyclosporine CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D
mycophenolate sodium TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	NM LA PA
SANDIMMUNE SOLN 100mg/ml	1	B/D
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	NM
BOOSTRIX INJ	1	
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
DENGVAXIA SUS	1	NM
DIP/TET PED INJ 25-5LFU	1	B/D NM
ENGERIX-B SUSP 20mcg/ml	1	B/D NM
ENGERIX-B SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
GARDASIL 9 INJ	1	NM
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	NM
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	NM
IPOL INJ INACTIVE	1	NM
IXCHIQ INJ	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	1	B/D NM
RECOMBIVAX HB SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
TDVAX INJ 2-2 LF	1	B/D NM
TENIVAC INJ 5-2LF	1	B/D NM
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA INJ	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
TWINRIX INJ	1	NM
TYPHIM VI SOLN 25mcg/0.5ml	1	NM
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	NM
YF-VAX INJ	1	NM

**NUTRITIONAL/SUPPLEMENTS
ELECTROLYTES/MINERALS,
INJECTABLE**

D2.5W/NAACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D10W/NAACL INJ 0.2%	1	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	

Drug Name	Drug Requirements/ Tier	Limits
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/NAACL INJ 0.3/0.9%	1	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
MG SO4/D5W INJ 10MG/ML	1	
multiple electrolytes ph 5.5	1	
multiple electrolytes ph 7.4	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D

**ELECTROLYTES/MINERALS/VITAMINS,
ORAL**

klor-con PACK 20meq 1

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Drug Name	Drug Requirements/ Tier	Limits
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) 500unit/gm</i>	OINT	1
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) 5mg/gm</i>	OINT	1
<i>gatifloxacin (ophth) .5%</i>	SOLN	1
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
XDEMVI SOLN .25%	1	NM LA PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIATE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM LA PA
CYSTARAN SOLN .44%	1	NM LA PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL
QL (60 blisters / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	1	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	1	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	1	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	1	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	1	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	1	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	1	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	1	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	1	QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NM LA PA
FASENRA PEN SOAJ 30mg/ml	1	NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	1	QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	1	QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	1	QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	1	QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	1	QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	1	QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	1	QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	1	QL NM LA PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	1	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM PA
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	1	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	1	QL NM LA PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	1	QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	1	QL NM LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	1	QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	1	QL NM LA PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	1	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	1	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	1	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	1	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	1	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	1	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	1	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	1	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	1	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	1	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL
QL (30 gm / 30 days)		
mupirocin OINT 2%	1	QL
QL (220 gm / 30 days)		
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL
QL (453.6 gm / 30 days)		
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	1	QL
QL (90 gm / 30 days)		
ciclopirox olamine SUSP .77%	1	QL
QL (60 mL / 30 days)		
clotrimazole (topical) CREA 1%	1	QL
QL (45 gm / 30 days)		
clotrimazole (topical) SOLN 1%	1	QL
QL (60 mL / 30 days)		
clotrimazole w/ betamethasone cream 1-0.05%	1	QL
QL (45 gm / 30 days)		
ketconazole (topical) CREA 2%	1	QL
QL (60 gm / 30 days)		
klayesta POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
nyamyc POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL
QL (30 gm / 30 days)		
nystatin (topical) POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		
nystop POWD 100000unit/gm	1	QL
QL (60 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL PA
QL (120 gm / 30 days)		
calcipotriene SOLN .005%	1	QL PA
QL (120 mL / 30 days)		
calcitrene OINT .005%	1	QL PA
QL (120 gm / 30 days)		
tazarotene CREA .05%, .1%	1	QL PA
QL (60 gm / 30 days)		
TAZORAC CREA .05%	1	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, ANTISEBORRHEICS		
ketconazole (topical) SHAM 2%	1	QL
QL (120 mL / 30 days)		
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL
QL (60 gm / 30 days)		
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL
QL (120 gm / 30 days)		
betamethasone dipropionate (topical) LOTN .05%	1	QL
QL (120 mL / 30 days)		
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL
QL (120 gm / 30 days)		
betamethasone dipropionate augmented LOTN .05%	1	QL
QL (120 mL / 30 days)		
betamethasone valerate CREA .1%; OINT .1%	1	QL
QL (120 gm / 30 days)		
betamethasone valerate LOTN .1%	1	QL
QL (120 mL / 30 days)		
lobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL
QL (60 gm / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate</i> e CREA .05% QL (60 gm / 30 days)	1	QL
ENSTILAR AER QL (120 gm / 30 days)	1	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>tridacaine ii</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	1	QL NM PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
PANRETIN GEL .1% QL (60 gm / 30 days)	1	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	1	QL
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
RECTIV OINT .4% QL (30 gm / 30 days)	1	QL
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	1	QL NM LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	1	QL
permethrin CREA 5% QL (60 gm / 30 days)	1	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	1	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	1	QL
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	1	QL
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	

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BICILLIN L-A	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	32-12.5 mg.....16
8	30	<i>candesartan cilexetil-hydrochlorothiazide tab</i>
BIKTARVY TAB 30-120-15 MG	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	32-25 mg.....16
5	30	CAPLYTA
BIKTARVY TAB 50-200-25 MG	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	23
5	30	CAPRELSA.....10, 11
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>captopril</i>
10-6.25 mg.....18		15
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>captopril & hydrochlorothiazide tab</i>
2.5-6.25 mg.....18		25-15 mg.....15
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>captopril & hydrochlorothiazide tab</i>
5-6.25 mg.....18		25-25 mg.....15
		<i>captopril & hydrochlorothiazide tab</i>
		50-15 mg.....15

<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	15	CEFACTOR ER	6	<i>cisplatin</i>	8
<i>carb/levo orally disintegrating tab 10-100mg</i>	22	<i>cefadroxil</i>	6	<i>citalopram hydrobromide</i>	21
<i>carb/levo orally disintegrating tab 25-100mg</i>	22	CEFAZOLIN.....	6	<i>claravis</i>	51
<i>carb/levo orally disintegrating tab 25-250mg</i>	22	CEFAZOLIN INJ 1GM/50ML	6	<i>clarithromycin</i>	7
<i>carbamazepine</i>	25	CEFAZOLIN INJ 3GM/150ML-4%	6	<i>clindamycin hcl</i>	2
<i>carbidopa & levodopa tab 10-100 mg</i>	22	<i>cefazolin sodium</i>	6	<i>clindamycin palmitate hydrochloride</i>	3
<i>carbidopa & levodopa tab 25-100 mg</i>	22	CEFAZOLIN SOLN 2GM/100ML-4%	6	<i>clindamycin phosphate</i>	3
<i>carbidopa & levodopa tab 25-250 mg</i>	22	<i>cefdinir</i>	6	<i>clindamycin phosphate (topical)</i>	51
<i>carbidopa & levodopa tab er 25-100 mg</i>	22	<i>cefepime hcl</i>	6	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3
<i>carbidopa & levodopa tab er 50-200 mg</i>	22	<i>cefexime</i>	6	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	22	<i>cefoxitin sodium</i>	6	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	22	<i>cefopodoxime proxetil</i>	6	<i>clindamycin phosphate vaginal</i>	41
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	22	<i>cefprozil</i>	6	CLINDMYC/NAC INJ 300/50ML	3
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	22	<i>ceftazidime</i>	7	CLINDMYC/NAC INJ 600/50ML	3
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	22	<i>ceftriaxone sodium</i>	7	CLINDMYC/NAC INJ 900/50ML	3
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	22	<i>cefuroxime axetil</i>	7	CLINIMIX INJ 4.25/D10 ..	47
<i>carboplatin</i>	8	<i>cefuroxime sodium</i>	7	CLINIMIX INJ 4.25/D5W	47
<i>carglumic acid</i>	37	<i>celecoxib</i>	1	CLINIMIX INJ 5%/D15W	47
<i>carisoprodol</i>	29	<i>cephalexin</i>	7	CLINIMIX INJ 5%/D20W	47
<i>carteolol hcl (ophth)</i>	48	CERDELGA	37	CLINIMIX INJ 6/5.....	47
<i>cartia xt</i>	19	CEREZYME	37	CLINIMIX INJ 8/10.....	47
<i>carvedilol</i>	19	<i>cetirizine hcl</i>	49	CLINIMIX INJ 8/14.....	47
<i>caspofungin acetate</i>	4	<i>cevimeline hcl</i>	54	<i>clinisol sf 15%</i>	47
CAYSTON	2	<i>chateal eq</i>	34	CLINOLIPID EMU 20%...	47
<i>cefaclor</i>	6	CHEMET	34	<i>clobazam</i>	25
		<i>chlorhexidine gluconate (mouth-throat)</i>	54	<i>clobetasol propionate</i> 52, 53	
		<i>chloroquine phosphate</i>	4	<i>clobetasol propionate e</i> ...	53
		<i>chlorpromazine hcl</i>	23	<i>clomipramine hcl</i>	21
		<i>chlorthalidone</i>	19	<i>clonazepam</i>	25
		<i>cholestyramine</i>	18	<i>clonidine</i>	20
		<i>cholestyramine light</i>	18	<i>clonidine hcl</i>	20
		<i>ciclopirox olamine</i>	52	<i>clopidogrel bisulfate</i>	42
		<i>cilostazol</i>	42	<i>clorazepate dipotassium</i> .	25
		CILOXAN	47	<i>clotrimazole</i>	54
		CIMDUO TAB 300-300	5	<i>clotrimazole (topical)</i>	52
		<i>cinacalcet hcl</i>	37	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	52
		CIPRO	7		
		<i>ciprofloxacin 200 mg/100ml in d5w</i>	7		
		<i>ciprofloxacin 400 mg/200ml in d5w</i>	7		
		<i>ciprofloxacin hcl</i>	7		
		<i>ciprofloxacin hcl (ophth)</i> ..	47		
		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	48		

<i>clozapine</i>	23	D2.5W/NAACL INJ 0.45%.	46	<i>dextrose</i>	47
COARTEM TAB 20-120MG		D5W/LYTES INJ #48	46	<i>dextrose 10% w/ sodium</i>	
.....	4	<i>dabigatran etexilate</i>		<i>chloride 0.45%</i>	46
<i>colchicine</i>	1	<i>mesylate</i>	41	<i>dextrose 2.5% w/ sodium</i>	
<i>colchicine w/ probenecid</i>		<i>dalfampridine</i>	29	<i>chloride 0.45%</i>	46
<i>tab 0.5-500 mg</i>	1	<i>danazol</i>	36	<i>dextrose 5% in lactated</i>	
<i>colesevelam hcl</i>	18	<i>dantrolene sodium</i>	30	<i>ringers</i>	46
<i>colestipol hcl</i>	18	<i>dapsone</i>	3	<i>dextrose 5% w/ sodium</i>	
<i>colistimethate sodium</i>	3	DAPTACEL INJ	45	<i>chloride 0.2%</i>	46
COMBIGAN SOL 0.2/0.5%		<i>daptomycin</i>	3	<i>dextrose 5% w/ sodium</i>	
.....	48	DAPTOMYCIN	3	<i>chloride 0.225%</i>	46
COMBIVENT AER 20-100		<i>darunavir</i>	4	<i>dextrose 5% w/ sodium</i>	
.....	49	<i>dasatinib</i>	11	<i>chloride 0.3%</i>	46
COMETRIQ (60MG DOSE)		<i>dasetta 1/35</i>	34	<i>dextrose 5% w/ sodium</i>	
.....	11	<i>dasetta 7/7/7</i>	34	<i>chloride 0.45%</i>	46
COMETRIQ KIT 100MG	.11	DAURISMO	11	<i>dextrose 5% w/ sodium</i>	
COMETRIQ KIT 140MG	.11	<i>daysee</i>	34	<i>chloride 0.9%</i>	46
COMPLERA TAB	5	DAYVIGO	28	DIACOMIT	25
<i>compro</i>	39	<i>deblitane</i>	34	<i>diazepam</i>	25
<i>constulose</i>	40	<i>deferasirox</i>	34	<i>diazepam (anticonvulsant)</i>	
COPIKTRA	11	DELSTRIGO TAB	5	.....	25
CORLANOR	20	DENGVAXIA SUS	45	<i>diazepam inj</i>	25
COTELLIC	11	DEPO-SUBQ PROVERA		<i>diazepam intensol</i>	25
CREON CAP 12000UNT	40	104	34	<i>diazoxide</i>	37
CREON CAP 24000UNT	40	<i>depo-testosterone</i>	30	<i>diclofenac potassium</i>	1
CREON CAP 3000UNIT	.40	DESCOVY TAB 120-15MG		<i>diclofenac sodium</i>	1
CREON CAP 36000UNT	40	.....	5	<i>diclofenac sodium (ophth)</i>	
CREON CAP 6000UNIT	.40	DESCOVY TAB 200/25MG		.....	48
<i>cromolyn sodium</i>	50	.....	5	<i>diclofenac sodium (topical)</i>	
<i>cromolyn sodium</i>		<i>desipramine hcl</i>	21	.....	53
(<i>mastocytosis</i>)	40	<i>desmopressin acetate</i>	37	<i>dicloxacillin sodium</i>	8
<i>cromolyn sodium (ophth)</i>	48	<i>desmopressin acetate</i>		<i>dicyclomine hcl</i>	39
<i>cryselle-28</i>	34	<i>spray</i>	37	DIFICID	7
<i>cyclobenzaprine hcl</i>	30	<i>desmopressin acetate</i>		<i>diflunisal</i>	1
<i>cyclophosphamide</i>	8	<i>spray refrigerated</i>	38	<i>difluprednate</i>	48
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CYCLOPHOSPHAMIDE		<i>estrad tab 0.15-0.02/0.01</i>		<i>dihydroergotamine</i>	
MONOHYDR	8	<i>mg(21/5)</i>	34	<i>mesylate</i>	28
<i>cycloserine</i>	5	<i>desogestrel & ethinyl</i>		DILANTIN	25
<i>cyclosporine</i>	45	<i>estradiol tab 0.15 mg-30</i>		DILANTIN INFATABS	25
<i>cyclosporine modified (for</i>		<i>mcg</i>	34	DILANTIN-125	25
<i>microemulsion)</i>	45	<i>desvenlafaxine succinate</i>	21	<i>diltiazem hcl</i>	19
<i>cyproheptadine hcl</i>	49	<i>dexamethasone</i>	37	<i>diltiazem hcl coated beads</i>	
<i>cyred eq</i>	34	DEXAMETHASONE		.....	19
CYSTADROPS	48	INTENSOL	37	<i>diltiazem hcl extended</i>	
CYSTAGON	37	<i>dexamethasone sodium</i>		<i>release beads</i>	19
CYSTARAN	48	<i>phosphate</i>	37	<i>dilt-xr</i>	19
<i>cytarabine</i>	9	<i>dexamethasone sodium</i>		DIP/TET PED INJ 25-5LFU	
D		<i>phosphate (ophth)</i>	48	.....	45
D10W/NAACL INJ 0.2% ...	46	<i>dexmethylphenidate hcl</i> ..	28	<i>diphenhydramine hcl</i>	49

<i>diphenoxylate w/ atropine</i> <i>liq 2.5-0.025 mg/5ml</i>40	<i>dutasteride-tamsulosin hcl</i> <i>cap 0.5-0.4 mg</i>41	ENDARI42
<i>diphenoxylate w/ atropine</i> <i>tab 2.5-0.025 mg</i>40	E	<i>endocet tab 10-325mg</i>2
<i>dipyridamole</i>42	<i>e.e.s. 400</i>7	<i>endocet tab 2.5-325mg</i>1
<i>disopyramide phosphate</i> ..17	<i>ec-naproxen</i>1	<i>endocet tab 5-325mg</i>2
<i>disulfiram</i>30	EDURANT4	<i>endocet tab 7.5-325mg</i>2
<i>divalproex sodium</i>25	<i>efavirenz</i>4	ENGERIX-B45
<i>docetaxel</i>10	<i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-200-</i> <i>300 mg</i>5	<i>enilloring</i>34
DOCETAXEL.....10	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 400-300-</i> <i>300 mg</i>5	<i>enoxaparin sodium</i>41
<i>dofetilide</i>17	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 600-300-</i> <i>300 mg</i>5	<i>enpresse-28</i>34
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<i>doxazosin mesylate</i>15	EMSAM21	ENTRESTO TAB 24-26MG16
<i>doxepin hcl</i>21	<i>emtricitabine</i>4	ENTRESTO TAB 49-51MG16
<i>doxepin hcl (sleep)</i>28	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>100-150 mg</i>5	ENTRESTO TAB 97- 103MG16
<i>doxorubicin hcl</i>8	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>133-200 mg</i>5	<i>enulose</i>40
<i>doxorubicin hcl liposomal</i> ..8	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>167-250 mg</i>5	EPCLUSA PAK 150-37.5..6
DOXORUBICIN HYDROCHLORIDE.....8	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>200-300 mg</i>5	EPCLUSA PAK 200-50MG6
<i>doxy 100</i>8	EMTRIVA.....4	EPCLUSA TAB 200-50MG6
<i>doxycycline (monohydrate)</i>8	EMVERM.....3	EPCLUSA TAB 400-100...6
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<i>dronabinol</i>39	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>10-25 mg</i>15	<i>epitol</i>25
<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.02 mg</i> 34	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>5-12.5 mg</i>15	<i>eplerenone</i>15
<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.03 mg</i> 34	ENBREL43	EPRONTIA25
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<i>erythromycin lactobionate</i> .7	<i>famotidine in nacl 0.9% iv</i> <i>soln 20 mg/50ml</i>40	<i>flurbiprofen</i>1
<i>escitalopram oxalate</i>21	FANAPT23	<i>flurbiprofen sodium</i>48
<i>esomeprazole magnesium</i>41	FANAPT PAK23	<i>fluticasone propionate</i>53
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<i>estradiol & norethindrone</i> <i>acetate tab 1-0.5 mg</i> ...37	<i>felbamate</i>25	<i>fluticasone-salmeterol aer</i> <i>powder ba 500-50</i> <i>mcg/act</i>51
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<i>estradiol valerate</i>37	<i>fenofibrate</i>18	<i>fondaparinux sodium</i>42
<i>eszopiclone</i>28	<i>fenofibrate micronized</i> ...18	<i>fosamprenavir calcium</i>4
<i>ethambutol hcl</i>5	<i>fenofibrate micronized</i> ...18	<i>fosinopril sodium</i>15
<i>ethosuximide</i>25	<i>fentanyl</i>1	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> <i>10-12.5 mg</i>15
<i>ethynodiol diacetate &</i> <i>ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>35	<i>fentanyl citrate</i>2	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i>15
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<i>everolimus</i>11	<i>finasteride</i>41	<i>fyavolv tab 1mg-5mcg</i>37
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<i>gengraf</i>	45	<i>hailey 1.5/30</i>	35	<i>hydrocodone-</i>	
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.....	38	<i>haloette</i>	35	<i>hydrocodone-</i>	
<i>gentamicin in saline inj 0.8</i>		<i>haloperidol</i>	23	<i>acetaminophen tab 5-325</i>	
<i>mg/ml</i>	3	<i>haloperidol decanoate</i> ...	23	<i>mg</i>	2
<i>gentamicin in saline inj 1</i>		<i>haloperidol lactate</i>	23	<i>hydrocodone-</i>	
<i>mg/ml</i>	3	HARVONI PAK 33.75-		<i>acetaminophen tab 7.5-</i>	
<i>gentamicin in saline inj 1.2</i>		150MG	6	<i>325 mg</i>	2
<i>mg/ml</i>	3	HARVONI PAK 45-200MG		<i>hydrocodone-ibuprofen tab</i>	
<i>gentamicin in saline inj 1.6</i>		6	<i>7.5-200 mg</i>	2
<i>mg/ml</i>	3	HARVONI TAB 45-200MG	6	<i>hydrocortisone</i>	37
<i>gentamicin in saline inj 2</i>		HARVONI TAB 90-400MG	6	<i>hydrocortisone (intrarectal)</i>	
<i>mg/ml</i>	3	HAVRIX	45	40
<i>gentamicin sulfate</i>	3	<i>heather</i>	35	<i>hydrocortisone (rectal)</i>	53
<i>gentamicin sulfate (ophth)</i>		HEP SOD/D5W INJ		<i>hydrocortisone (topical)</i> ..	53
.....	47	20000UNT.....	42	<i>hydrocortisone sod</i>	
<i>gentamicin sulfate (topical)</i>		HEP SOD/D5W INJ		<i>succinate</i>	37
.....	52	25000UNT.....	42	<i>hydromorphone hcl</i>	2
GENVOYA TAB.....	5	HEP SOD/NACL INJ		<i>hydroxychloroquine sulfate</i>	
GILOTRIF	11	12500UNT.....	42	44
<i>glatiramer acetate</i>	29	HEP SOD/NACL INJ		<i>hydroxyurea</i>	10
<i>glatopa</i>	29	25000UNT.....	42	<i>hydroxyzine hcl</i>	49
GLEOSTINE	8	<i>heparin sodium (porcine)</i> 42		<i>hydroxyzine pamoate</i>	49
<i>glimepiride</i>	31	HEPARIN/NACL INJ		HYSINGLA ER.....	1
<i>glipizide</i>	31	25000UNT.....	42	I	
<i>glipizide xl</i>	31	HEPLISAV-B.....	45	<i>ibandronate sodium</i>	34
<i>glipizide-metformin hcl tab</i>		HERCEP HYLEC SOL 60-		IBRANCE.....	11
<i>2.5-250 mg</i>	31	10000	11	<i>ibu</i>	1
<i>glipizide-metformin hcl tab</i>		HERCEPTIN.....	11	<i>ibuprofen</i>	1
<i>2.5-500 mg</i>	31	HERZUMA	11	<i>icatibant acetate</i>	42
<i>glipizide-metformin hcl tab</i>		HIBERIX	45	<i>iclevia</i>	35
<i>5-500 mg</i>	31	HUMIRA	43	ICLUSIG	11
<i>glycopyrrolate</i>	39	HUMIRA PEN	43	IDACIO (2 PEN).....	43
<i>glydo</i>	53	HUMIRA PEN KIT PS/UV		IDACIO (2 SYRINGE).....	43
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<i>granisetron hcl</i>	39	UC S	43	IDHIFA	11

<i>imatinib mesylate</i>	11	<i>isibloom</i>	35	<i>junel fe 24</i>	35
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<i>intravenous for soln 500</i>		<i>isosorbide mononitrate</i> ...	20	KALYDECO	50
<i>mg</i>	3	<i>isotretinoin</i>	51	KANJINTI.....	12
<i>imipramine hcl</i>	21	<i>isradipine</i>	19	<i>kariva</i>	35
<i>imiquimod</i>	53	<i>itraconazole</i>	4	<i>kcl 10 meq/l (0.075%) in</i>	
IMOVAX RABIES		<i>ivabradine hcl</i>	20	<i>dextrose 5% & nacl</i>	
(H.D.C.V.)	45	<i>ivermectin</i>	3	<i>0.45% inj</i>	46
INBRIJA	22	IWILFIN	10	<i>kcl 20 meq/l (0.149%) in</i>	
<i>incassia</i>	35	IXCHIQ INJ.....	45	<i>nacl 0.45% inj</i>	46
INCRELEX.....	38	IXIARO INJ	45	<i>kcl 20 meq/l (0.15%) in</i>	
INCRUSE ELLIPTA	49	J		<i>dextrose 5% & nacl 0.2%</i>	
<i>indapamide</i>	19	JAKAFI	11	<i>inj</i>	46
INFANRIX INJ	45	<i>jantoven</i>	42	<i>kcl 20 meq/l (0.15%) in</i>	
INFLIXIMAB.....	43	JANUMET TAB 50-1000.31		<i>dextrose 5% & nacl</i>	
INLYTA	11	JANUMET TAB 50-500MG		<i>0.45% inj</i>	46
INQOVI TAB 35-100MG ...9		.....	31	<i>kcl 20 meq/l (0.15%) in</i>	
INREBIC	11	JANUMET XR TAB 100-		<i>dextrose 5% & nacl 0.9%</i>	
INSULIN PEN NEEDLES:		1000	31	<i>inj</i>	46
BD/NOVO	32	JANUMET XR TAB 50-		<i>kcl 20 meq/l (0.15%) in nacl</i>	
INSULIN SAFETY		1000	31	<i>0.45% inj</i>	46
NEEDLES	32	JANUMET XR TAB 50-		<i>kcl 20 meq/l (0.15%) in nacl</i>	
INSULIN SYRINGES: BD		500MG	31	<i>0.9% inj</i>	46
.....	32	JANUVIA	31	<i>kcl 30 meq/l (0.224%) in</i>	
INTELENCE	4	JARDIANCE	31	<i>dextrose 5% & nacl</i>	
INTRALIPID.....	47	<i>jasmiel</i>	35	<i>0.45% inj</i>	46
<i>introvale</i>	35	<i>javygtor</i>	38	<i>kcl 40 meq/l (0.3%) in</i>	
INVEGA HAFYERA	23	JAYPIRCA	11	<i>dextrose 5% & nacl</i>	
INVEGA SUSTENNA.....	23	JENTADUETO TAB 2.5-		<i>0.45% inj</i>	46
INVEGA TRINZA	23	1000	31	<i>kcl 40 meq/l (0.3%) in</i>	
IPOL INJ INACTIVE.....	45	JENTADUETO TAB 2.5-		<i>dextrose 5% & nacl 0.9%</i>	
<i>ipratropium bromide</i>	49	500	31	<i>inj</i>	46
<i>ipratropium bromide (nasal)</i>		JENTADUETO TAB 2.5-		<i>kcl 40 meq/l (0.3%) in nacl</i>	
.....	49	850	31	<i>0.9% inj</i>	46
<i>ipratropium-albuterol nebu</i>		JENTADUETO TAB XR		KCL/D5W/NACL INJ	
<i>soln 0.5-2.5(3) mg/3ml</i>	49	2.5-1000MG	31	0.3/0.9%.....	46
<i>irbesartan</i>	17	JENTADUETO TAB XR 5-		<i>kelnor 1/35</i>	35
<i>irbesartan-</i>		1000MG	31	<i>kelnor 1/50</i>	35
<i>hydrochlorothiazide tab</i>		<i>jinteli</i>	37	KERENDIA	15
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<i>irbesartan-</i>		<i>juleber</i>	35	<i>ketoconazole</i>	4
<i>hydrochlorothiazide tab</i>		JULUCA TAB 50-25MG ...5		<i>ketoconazole (topical)</i>	52
300-12.5 mg.....	16	<i>junel 1.5/30</i>	35	<i>ketorolac tromethamine</i>	
<i>irinotecan hcl</i>	10	<i>junel 1/20</i>	35	(<i>ophth</i>).....	48
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KINRIX INJ	45	<i>layolis fe</i>	35	<i>levonor-eth est tab 0.15-</i>	
<i>kionex</i>	34	LAZCLUZE	12	<i>0.02/0.025/0.03 mg &eth</i>	
KISQALI 200 DOSE.....	12	<i>leena</i>	35	<i>est 0.01 mg</i>	35
KISQALI 200 PAK		<i>leflunomide</i>	44	<i>levonorgestrel & ethinyl</i>	
FEMARA	10	<i>lenalidomide</i>	9	<i>estradiol (91-day) tab</i>	
KISQALI 400 DOSE.....	12	LENVIMA 10 MG DAILY		<i>0.15-0.03 mg</i>	35
KISQALI 400 PAK		DOSE	12	<i>levonorgestrel & ethinyl</i>	
FEMARA	10	LENVIMA 12MG DAILY		<i>estradiol tab 0.1 mg-20</i>	
KISQALI 600 DOSE.....	12	DOSE	12	<i>mcg</i>	35
KISQALI 600 PAK		LENVIMA 20 MG DAILY		<i>levonorgestrel & ethinyl</i>	
FEMARA	10	DOSE	12	<i>estradiol tab 0.15 mg-30</i>	
<i>klayesta</i>	52	LENVIMA 4 MG DAILY		<i>mcg</i>	35
<i>klor-con</i>	46	DOSE	12	<i>levonorgestrel-eth estra tab</i>	
<i>klor-con 10</i>	47	LENVIMA 8 MG DAILY		<i>0.05-30/0.075-40/0.125-</i>	
<i>klor-con 8</i>	47	DOSE	12	<i>30mg-mcg</i>	35
<i>klor-con m10</i>	47	LENVIMA CAP 14 MG ...	12	<i>levonorg-eth est tab 0.1-</i>	
<i>klor-con m15</i>	47	LENVIMA CAP 18 MG ...	12	<i>0.02mg(84) & eth est tab</i>	
<i>klor-con m20</i>	47	LENVIMA CAP 24 MG ...	12	<i>0.01mg(7)</i>	35
KORLYM	38	<i>lessina</i>	35	<i>levonorg-eth est tab 0.15-</i>	
KOSELUGO	12	<i>letrozole</i>	9	<i>0.03mg(84) & eth est tab</i>	
<i>kourzeq</i>	54	<i>leucovorin calcium</i>	14	<i>0.01mg(7)</i>	35
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<i>kurvelo</i>	35	<i>leuprolide acetate</i>	9	<i>levo-t</i>	39
L		<i>levaibuterol hcl</i>	49	<i>levothyroxine sodium</i>	39
<i>labetalol hcl</i>	19	<i>levaibuterol tartrate</i>	49	<i>levoxyl</i>	39
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<i>lactic acid (ammonium</i>		<i>mg/100ml</i>	26	<i>lidocaine hcl</i>	53
<i>lactate)</i>	53	<i>levetiracetam in sodium</i>		<i>lidocaine hcl (local anesth.)</i>	
<i>lactulose</i>	40	<i>chloride iv soln 1500</i>		.....	2
<i>lactulose (encephalopathy)</i>		<i>mg/100ml</i>	26	<i>lidocaine hcl (mouth-throat)</i>	
.....	40	<i>levetiracetam in sodium</i>		.....	54
<i>lamivudine</i>	4	<i>chloride iv soln 500</i>		<i>lidocaine-prilocaine cream</i>	
<i>lamivudine (hbv)</i>	6	<i>mg/100ml</i>	26	<i>2.5-2.5%</i>	53
<i>lamivudine-zidovudine tab</i>		<i>levobunolol hcl</i>	48	<i>lidocan</i>	53
<i>150-300 mg</i>	5	<i>levocarnitine (metabolic</i>		<i>linezolid</i>	3
<i>lamotrigine</i>	26	<i>modifiers)</i>	38	LINEZOLID INJ 2MG/ML ..	3
<i>lanreotide acetate</i>	38	<i>levocetirizine</i>		LINZESS.....	40
<i>lansoprazole</i>	41	<i>dihydrochloride</i>	49	<i>liothyronine sodium</i>	39
<i>lanthanum carbonate</i>	38	<i>levofloxacin</i>	7	<i>lisinopril</i>	15
LANTUS	32	<i>levofloxacin in d5w iv soln</i>		<i>lisinopril &</i>	
LANTUS SOLOSTAR	32	<i>250 mg/50ml</i>	7	<i>hydrochlorothiazide tab</i>	
<i>lapatinib ditosylate</i>	12	<i>levofloxacin in d5w iv soln</i>		<i>10-12.5 mg</i>	15
<i>larin 1.5/30</i>	35	<i>500 mg/100ml</i>	7	<i>lisinopril &</i>	
<i>larin 1/20</i>	35	<i>levofloxacin in d5w iv soln</i>		<i>hydrochlorothiazide tab</i>	
<i>larin 24 fe</i>	35	<i>750 mg/150ml</i>	7	<i>20-12.5 mg</i>	15
<i>larin fe 1.5/30</i>	35	<i>levonest</i>	35	<i>lisinopril &</i>	
<i>larin fe 1/20</i>	35			<i>hydrochlorothiazide tab</i>	
<i>latanoprost</i>	48			<i>20-25 mg</i>	15

<i>lithium</i>	29	<i>lutra</i>	35	MESNEX.....	14
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<i>loestrin 1/20-21</i>	35	LYNPARZA.....	12	<i>methadone hydrochloride i1</i>	
<i>loestrin fe 1.5/30</i>	35	LYSODREN.....	9	<i>methazolamide</i>	19
<i>loestrin fe 1/20</i>	35	LYTGOBI (12 MG DAILY		<i>methenamine hippurate</i> ...	3
LOKELMA.....	34	DOSE).....	12	<i>methimazole</i>	39
LONSURF TAB 15-6.14 ...	9	LYTGOBI (16 MG DAILY		<i>methocarbamol</i>	30
LONSURF TAB 20-8.19 ...	9	DOSE).....	12	<i>methotrexate sodium</i> ..	9, 44
<i>loperamide hcl</i>	40	LYTGOBI (20 MG DAILY		<i>methsuximide</i>	26
<i>lopinavir-ritonavir soln 400-</i>		DOSE).....	12	<i>methylphenidate hcl</i>	28
<i>100 mg/5ml (80-20</i>		<i>lyza</i>	35	<i>methylprednisolone</i>	37
<i>mg/ml)</i>	5	M		<i>methylprednisolone acetate</i>	
<i>lopinavir-ritonavir tab 100-</i>		<i>magnesium sulfate</i>	46	.....	37
<i>25 mg</i>	5	MAGNESIUM SULFATE	46	<i>methylprednisolone sod</i>	
<i>lopinavir-ritonavir tab 200-</i>		<i>magnesium sulfate in</i>		<i>succ</i>	37
<i>50 mg</i>	5	<i>dextrose 5% iv soln 1</i>		<i>methyltestosterone</i>	30
<i>lorazepam</i>	20	<i>gm/100ml</i>	46	<i>metoclopramide hcl</i>	39
<i>lorazepam intensol</i>	21	<i>malathion</i>	54	<i>metolazone</i>	19
LORBRENA.....	12	<i>maraviroc</i>	4	<i>metoprolol &</i>	
<i>loryna</i>	35	<i>marlissa</i>	35	<i>hydrochlorothiazide tab</i>	
<i>losartan potassium</i>	17	MARPLAN	21	<i>100-25 mg</i>	18
<i>losartan potassium &</i>		MATULANE	10	<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>		MAVYRET PAK 50-20MG	6	<i>hydrochlorothiazide tab</i>	
<i>100-12.5 mg</i>	16	MAVYRET TAB 100-40MG		<i>100-50 mg</i>	18
<i>losartan potassium &</i>		.....	6	<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>		<i>meclizine hcl</i>	39	<i>hydrochlorothiazide tab</i>	
<i>100-25 mg</i>	16	<i>medroxyprogesterone</i>		<i>50-25 mg</i>	18
<i>losartan potassium &</i>		<i>acetate</i>	38	<i>metoprolol succinate</i>	19
<i>hydrochlorothiazide tab</i>		<i>medroxyprogesterone</i>		<i>metoprolol tartrate</i>	19
<i>50-12.5 mg</i>	16	<i>acetate (contraceptive)</i>	35	<i>metronidazole</i>	3
LOTEMAX	48	<i>mefloquine hcl</i>	4	<i>metronidazole (topical)</i> ...	53
<i>loteprednol etabonate</i>	48	<i>megestrol acetate</i>	9, 38	<i>metronidazole vaginal</i>	41
<i>lovastatin</i>	18	<i>megestrol acetate</i>		<i>metirosine</i>	20
<i>low-ogestrel</i>	35	<i>(appetite)</i>	38	MG SO4/D5W INJ	
<i>loxapine succinate</i>	24	MEKINIST.....	12	<i>10MG/ML</i>	46
LUMAKRAS.....	12	MEKTOVI	12	<i>mibelas 24 fe</i>	35
LUMIGAN	48	<i>meloxicam</i>	1	<i>micafungin sodium</i>	4
LUMIZYME	38	<i>memantine hcl</i>	21	<i>microgestin 1.5/30</i>	35
LUPRON DEPOT (1-		<i>memantine hcl tab 28 x 5</i>		<i>microgestin 1/20</i>	35
MONTH).....	9	<i>mg & 21 x 10 mg titration</i>		<i>microgestin 24 fe</i>	35
LUPRON DEPOT (3-		<i>pack</i>	21	<i>microgestin fe 1.5/30</i>	35
MONTH).....	9	MENACTRA INJ	45	<i>microgestin fe 1/20</i>	35
LUPRON DEPOT-PED (1-		MENQUADFI INJ.....	45	<i>midodrine hcl</i>	20
MONTH).....	38	MENVEO INJ.....	45	MIEBO	48
LUPRON DEPOT-PED (3-		MENVEO SOL.....	45	<i>mifepristone</i>	
MONTH).....	38	<i>mercaptopurine</i>	9	<i>(hyperglycemia)</i>	38
LUPRON DEPOT-PED (6-		<i>meropenem</i>	3	<i>miglustat</i>	38
MONTH).....	38	<i>mesalamine</i>	40	<i>mili</i>	35
<i>lurasidone hcl</i>	24	<i>mesalamine w/ cleanser</i> .	40	<i>mimvey</i>	37

<i>minocycline hcl</i>	8
<i>minoxidil</i>	20
<i>mirtazapine</i>	22
<i>misoprostol</i>	40
MITIGARE	1
M-M-R II INJ	45
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<i>modafinil</i>	30
<i>moexipril hcl</i>	15
<i>molindone hcl</i>	24
<i>mometasone furoate</i>	53
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<i>mono-lynyah</i>	35
<i>montelukast sodium</i>	50
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<i>moxifloxacin hcl (ophth)</i> ..47	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	7
MRESVIA	45
MULTAQ.....	17
<i>multiple electrolytes ph 5.5</i>	46
<i>multiple electrolytes ph 7.4</i>	46
<i>mupirocin</i>	52
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<i>mycophenolate sodium</i> ...45	
MYRBETRIQ	41
N	
<i>nabumetone</i>	1
<i>nadolol</i>	19
<i>nafcillin sodium</i>	8
NAGLAZYME	38
<i>nalbuphine hcl</i>	2
<i>naloxone hcl</i>	30
<i>naltrexone hcl</i>	30
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NAMZARIC CAP 21-10MG	21
NAMZARIC CAP 28-10MG	21
NAMZARIC CAP 7-10MG	21
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<i>naproxen dr</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	29
NATACYN	47
<i>nateglinide</i>	31
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<i>nebivolol hcl</i>	19
<i>necon 0.5/35-28</i>	35
<i>nefazodone hcl</i>	22
<i>neomycin sulfate</i>	3
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	47
<i>neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml</i>	47
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	47
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	47
<i>neomycin-polymyxin-hc ophth susp</i>	47
<i>neomycin-polymyxin-hc otic soln 1%</i>	48
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	48
<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>	47
<i>neo-polycin hc ophth oint 1%</i>	47
NERLYNX.....	12
NEUPRO	23
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NEXLETOL.....	18
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<i>nicardipine hcl</i>	19
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<i>nifedipine</i>	19
<i>nikki</i>	35
<i>nilutamide</i>	9
<i>nimodipine</i>	19
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<i>nitisinone</i>	38
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<i>nitrofurantoin macrocrystaβ nitrofurantoin monohyd macro</i>	3
<i>nitroglycerin</i>	20
<i>nitroglycerin (intra-anal)</i> ..53	
<i>nizatidine</i>	40
<i>nora-be</i>	35
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	35
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	35
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	36
<i>norethindrone (contraceptive)</i>	36
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	36
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	36
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	36
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	36
<i>norethindrone acetate</i>	38
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	37
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	37
<i>norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1- 35 mg-mcg</i>	36

<i>norgestimate & ethinyl</i>	<i>octreotide acetate</i>	OMNIPOD DASH MIS
<i>estradiol tab 0.25 mg-35</i>	ODEFSEY TAB.....	PODS
<i>mcg</i>	ODOMZO	OMNIPOD GO KIT
<i>norgestimate-eth estrad tab</i>	OFEV	10UNT/DY.....
<i>0.18-25/0.215-25/0.25-25</i>	<i>ofloxacin (ophth)</i>	OMNIPOD GO KIT
<i>mg-mcg</i>	<i>ofloxacin (otic)</i>	15UNT/DY.....
<i>norgestimate-eth estrad tab</i>	OGIVRI	OMNIPOD GO KIT
<i>0.18-35/0.215-35/0.25-35</i>	OGSIVEO	20UNT/DY.....
<i>mg-mcg</i>	OJEMDA.....	OMNIPOD GO KIT
<i>norlyroc</i>	OJJAARA	25UNT/DY.....
NORPACE CR.....	<i>olanzapine</i>	OMNIPOD GO KIT
<i>nortrel 0.5/35 (28)</i>	<i>olmesartan medoxomil</i> ...17	30UNT/DY.....
<i>nortrel 1/35 (21)</i>	<i>olmesartan medoxomil-</i>	OMNIPOD GO KIT
<i>nortrel 1/35 (28)</i>	<i>hydrochlorothiazide tab</i>	35UNT/DY.....
<i>nortrel 7/7/7</i>	20-12.5 mg.....	OMNIPOD GO KIT
<i>nortriptyline hcl</i>	<i>olmesartan medoxomil-</i>	40UNT/DY.....
NORVIR.....	<i>hydrochlorothiazide tab</i>	OMNIPOD MIS CLASSIC
NOVOLIN INJ 70/30	40-12.5 mg.....	.....
NOVOLIN INJ 70/30 FP..	<i>olmesartan medoxomil-</i>	<i>ondansetron</i>
NOVOLIN N.....	<i>hydrochlorothiazide tab</i>	<i>ondansetron hcl</i>
NOVOLIN N FLEXPEN...33	40-25 mg.....	ONTRUZANT.....
NOVOLIN R.....	<i>olmesartan-amlodipine-</i>	ONUREG
NOVOLIN R FLEXPEN...33	<i>hydrochlorothiazide tab</i>	OPSUMIT
NOVOLOG	20-5-12.5 mg.....	ORGOVYX.....
NOVOLOG FLEXPEN ....33	<i>olmesartan-amlodipine-</i>	ORKAMBI GRA 100-125 50
NOVOLOG MIX INJ 70/30	<i>hydrochlorothiazide tab</i>	ORKAMBI GRA 150-188 50
.....	40-10-12.5 mg.....	ORKAMBI GRA 75-94MG
NOVOLOG MIX INJ	<i>olmesartan-amlodipine-</i>	.....
FLEXPEN.....	<i>hydrochlorothiazide tab</i>	ORKAMBI TAB 100-125 .50
NOVOLOG PENFILL	40-10-25 mg.....	ORKAMBI TAB 200-125 .50
NUBEQA	<i>olmesartan-amlodipine-</i>	ORSERDU.....
NUDEXTA CAP 20-10MG	<i>hydrochlorothiazide tab</i>	<i>oseltamivir phosphate</i>
.....	40-5-12.5 mg.....	OTEZLA.....
NULOJIX	<i>olmesartan-amlodipine-</i>	OTEZLA TAB 10/20.....
NUPLAZID.....	<i>hydrochlorothiazide tab</i>	OTEZLA TAB 10/20/30...43
NURTEC.....	40-5-25 mg.....	<i>oxacillin sodium</i>
NUTRILIPID.....	<i>omega-3-acid ethyl esters</i>	<i>oxaliplatin</i>
NUZYRA.....	<i>cap 1 gm</i>	<i>oxcarbazepine</i>
<i>nyamyc</i>	<i>omeprazole</i>	<i>oxybutynin chloride</i>
<i>nylia 1/35</i>	OMNIPOD 5 DX KIT INT	<i>oxycodone hcl</i>
<i>nylia 7/7/7</i>	G7G6	<i>oxycodone w/</i>
NYMALIZE.....	OMNIPOD 5 DX MIS POD	<i>acetaminophen tab 10-</i>
<i>nymyo</i>	G7G6	325 mg.....
<i>nystatin</i>	OMNIPOD 5 G7 KIT	<i>oxycodone w/</i>
<i>nystatin (mouth-throat)</i> ...54	INTRO.....	<i>acetaminophen tab 2.5-</i>
<i>nystatin (topical)</i>	OMNIPOD 5 G7 MIS PODS	325 mg.....
<i>nystop</i>.....	.....	<i>oxycodone w/</i>
○	OMNIPOD DASH KIT	<i>acetaminophen tab 5-325</i>
<i>ocella</i>	INTRO.....	mg.....
OCTAGAM		

<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....2	<i>pentamidine isethionate inj</i>.....3	PIQRAY 300MG DAILY DOSE.....13
OZEMPIC (0.25 OR 0.5 MG/DOSE).....31	<i>pentoxifylline</i>.....42	<i>pirfenidone</i>.....50
OZEMPIC (0.25 OR 0.5MG/DOSE).....31	<i>perindopril erbumine</i>.....15	<i>piroxicam</i>.....1
OZEMPIC (1MG/DOSE) .32	<i>periogard</i>.....54	PLASMA-LYTE INJ -148 46
OZEMPIC (2MG/DOSE) .32	<i>permethrin</i>.....54	PLASMA-LYTE INJ -A...46
P	<i>perphenazine</i>.....24	<i>plenamine</i>.....47
<i>pacerone</i>.....17	PERSERIS.....24	PLENVU SOL.....40
<i>paclitaxel</i>.....10	<i>pfizerpen</i>.....8	<i>podofilox</i>.....54
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>.....10	<i>phenelzine sulfate</i>.....22	<i>polycin ophth oint</i>.....47
<i>paliperidone</i>.....24	<i>phenobarbital</i>.....26	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>.....47
<i>pamidronate disodium</i> ...34	<i>phenobarbital sodium</i> ....26	POMALYST.....9
PAMIDRONATE DISODIUM.....34	<i>phenytek</i>.....26	<i>portia-28</i>.....36
PANRETIN.....54	<i>phenytoin</i>.....26	<i>posaconazole</i>.....4
<i>pantoprazole sodium</i> .....41	<i>phenytoin sodium</i>.....26	POT CHL 20MEQ/L IN NACL 0.45% INJ.....46
PANZYGA.....44	<i>phenytoin sodium extended</i>.....26	POT CHL 20MEQ/L IN NACL 0.9% INJ.....46
<i>paraplatin</i>.....8	PHESGO SOL.....13	POT CHL 40MEQ/L IN NACL 0.9% INJ.....46
<i>paricalcitol</i>.....39	<i>philit</i>.....36	<i>potassium chloride</i> ...46, 47
<i>paroxetine hcl</i>.....22	PIFELTRO.....5	POTASSIUM CHLORIDE.....46
PAXLOVID TAB 150-100..6	<i>pilocarpine hcl</i>.....48	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>.....46
PAXLOVID TAB 300-100..6	<i>pilocarpine hcl (oral)</i> .....54	<i>potassium chloride microencapsulated crystals er</i>.....47
<i>pazopanib hcl</i> .....13	<i>pimozide</i>.....24	<i>potassium citrate (alkalinizer)</i>.....41
PEDIARIX INJ 0.5ML.....45	<i>pimtrea</i>.....36	PRADAXA.....42
PEDVAX HIB.....45	<i>pindolol</i>.....19	<i>pramipexole dihydrochloride</i>.....23
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>.....40	<i>pioglitazone hcl</i>.....32	<i>prasugrel hcl</i>.....43
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>....40	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>.....32	<i>pravastatin sodium</i>.....18
PEGASYS.....6	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>.....32	<i>praziquantel</i>.....3
PEMAZYRE.....13	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>.....8	<i>prazosin hcl</i>.....15
<i>pemetrexed disodium</i> .....9	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>.....8	<i>prednisolone</i>.....37
PEN GK/DEXTR INJ 40000/ML.....8	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>.....8	<i>prednisolone acetate (ophth)</i>.....48
PEN GK/DEXTR INJ 60000/ML.....8	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>.....8	PREDNISOLONE SODIUM PHOSP.....48
PENBRAYA INJ.....45	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>.....8	<i>prednisolone sodium phosphate</i>.....37
<i>penicillamine</i>.....34	PIQRAY 200MG DAILY DOSE.....13	<i>prednisone</i>.....37
<i>penicillin g potassium</i>.....8	PIQRAY 250MG TAB DOSE.....13	PREDNISONONE INTENSOL.....37
<i>penicillin g sodium</i>.....8		
<i>penicillin v potassium</i>.....8		
PENTACEL INJ.....45		
<i>pentamidine isethionate inh</i>.....3		

<i>pregabalin</i>	26	QUADRACEL INJ 0.5ML	45	<i>rizatriptan benzoate</i>	29
PREHEVBRIO	45	<i>quetiapine fumarate</i>	24	ROCKLATAN DRO	48
PREMASOL SOL 10% ...	47	<i>quinapril hcl</i>	15	<i>roflumilast</i>	50
PRENATAL TAB 27-1MG		<i>quinidine sulfate</i>	17	<i>ropinirole hydrochloride</i> ..	23
.....	47	<i>quinine sulfate</i>	4	<i>rosuvastatin calcium</i>	18
PRENATAL TAB PLUS ..	47	QULIPTA	29	ROTARIX SUS	45
<i>prevalite</i>	18	R		ROTATEQ SOL	45
PREVYMIS	6	RABAVERT INJ	45	<i>roweepra</i>	26
PREZCOBIX TAB 800-150		<i>rabeprazole sodium</i>	41	ROZLYTREK	13
.....	5	<i>raloxifene hcl</i>	38	RUBRACA	13
PREZISTA	5	<i>ramipril</i>	15	<i>rufinamide</i>	26
PRIFTIN.....	5	<i>ranolazine</i>	20	RUKOBIA.....	5
<i>primaquine phosphate</i>	4	<i>rasagiline mesylate</i>	23	RYBELSUS.....	32
PRIMAQUINE		RAYALDEE	39	RYDAPT	13
PHOSPHATE	4	<i>reclipsen</i>	36	S	
<i>primidone</i>	26	RECOMBIVAX HB.....	45	<i>sajazir</i>	42
PRIORIX INJ	45	RECTIV	54	SANDIMMUNE	45
PRIVIGEN	44	REGRANEX.....	54	SANTYL.....	54
<i>probenecid</i>	1	RELENZA DISKHALER...6		<i>sapropterin dihydrochloride</i>	
<i>prochlorperazine</i>	39	RELISTOR.....	40	.....	38
<i>prochlorperazine edisylate</i>		REMICADE.....	43	SCSEMBLIX.....	13
.....	39	RENFLEXIS.....	43	<i>scopolamine</i>	39
<i>prochlorperazine maleate</i>		<i>repaglinide</i>	32	SECUADO	24
.....	39	REPATHA.....	18	<i>selegiline hcl</i>	23
PROCRIT	42	REPATHA PUSHTRONEX		<i>selenium sulfide</i>	52
<i>proctocort</i>	54	SYSTEM	18	SELZENTRY.....	5
<i>procto-med hc</i>	54	REPATHA SURECLICK .18		SEREVENT DISKUS	49
<i>proctosol hc</i>	54	RESTASIS	48	<i>sertraline hcl</i>	22
<i>proctozone-hc</i>	54	RESTASIS MULTIDOSE 48		<i>setlakin</i>	36
<i>progesterone</i>	38	RETEVMO	13	<i>sevelamer carbonate</i>	38
PROGRAF	45	REVLIMID.....	9	<i>sharobel</i>	36
PROLASTIN-C.....	50	REXULTI	24	SHINGRIX	45
PROLENSA	48	REYATAZ	5	SIGNIFOR	38
PROLIA	34	REZLIDHIA.....	13	<i>sildenafil citrate (pulmonary</i>	
PROMACTA	42	REZUROCK.....	45	<i>hypertension)</i>	20
<i>promethazine hcl</i>	39	RHOPRESSA	48	<i>silver sulfadiazine</i>	52
<i>propafenone hcl</i>	17	<i>ribavirin (hepatitis c)</i>	6	SIMBRINZA SUS 1-0.2%48	
<i>proparacaine hcl</i>	48	<i>rifabutin</i>	5	<i>simliya</i>	36
<i>propranolol hcl</i>	19	<i>rifampin</i>	5	<i>simpesse</i>	36
<i>propylthiouracil</i>	39	<i>riluzole</i>	29	<i>simvastatin</i>	18
PROQUAD INJ	45	<i>rimantadine hydrochloride</i> 6		<i>sirolimus</i>	45
PROSOL INJ 20%	47	RINVOQ	43	SIRTURO.....	6
<i>protriptyline hcl</i>	22	RINVOQ LQ.....	43	SIVEXTRO.....	3
PULMOZYME	50	<i>risedronate sodium</i>	34	SKYRIZI.....	44
PURIXAN.....	9	<i>risperidone</i>	24	SKYRIZI PEN	44
<i>pyrazinamide</i>	5	<i>risperidone microspheres</i> 24		<i>sod sulfate-pot sulf-mg sulf</i>	
<i>pyridostigmine bromide</i> ...29		<i>ritonavir</i>	5	<i>oral sol 17.5-3.13-1.6</i>	
Q		<i>rivastigmine</i>	21	<i>gm/177ml</i>	40
QINLOCK	13	<i>rivastigmine tartrate</i>	21	<i>sodium chloride</i>	46
QUADRACEL INJ	45	<i>rivelsa</i>	36		

sodium chloride (gu irrigant).....	54	sulfamethoxazole-trimethoprim tab 400-80 mg.....	3	TASIGNA.....	13
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..	47	sulfamethoxazole-trimethoprim tab 800-160 mg.....	3	tasimelteon	28
SODIUM OXYBATE	30	SULFAMYLON	52	tazarotene.....	52
sodium phenylbutyrate....	38	sulfasalazine.....	40	tazicef	7
sodium polystyrene sulfonate powder.....	34	sulindac	1	TAZORAC.....	52
solifenacin succinate.....	41	sumatriptan.....	29	TAZVERIK	13
SOLQUA INJ 100/33	33	sumatriptan succinate.....	29	TDVAX INJ 2-2 LF	45
SOLTAMOX.....	9	sunitinib malate.....	13	TECENTRIQ.....	13
SOLU-CORTEF	37	SUNLENCA	5	TEFLARO	7
SOMATULINE DEPOT ...	38	syeda.....	36	telmisartan	17
SOMAVERT	38	SYMDEKO TAB 100-15050	50	telmisartan-amlodipine tab 40-10 mg.....	17
sorafenib tosylate.....	13	SYMDEKO TAB 50-75MG	50	telmisartan-amlodipine tab 40-5 mg.....	17
sorine.....	17	SYMPAZAN.....	26	telmisartan-amlodipine tab 80-10 mg.....	17
sotalol hcl.....	17	SYMTOZA TAB.....	5	telmisartan-amlodipine tab 80-5 mg.....	17
sotalol hcl (afib/afl).....	17	SYNAREL.....	36	telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	17
spironolactone	15	SYNJARDY TAB 12.5-1000MG	32	telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	17
spironolactone & hydrochlorothiazide tab 25-25 mg.....	19	SYNJARDY TAB 12.5-500	32	telmisartan-hydrochlorothiazide tab 80-25 mg.....	17
sprintec 28.....	36	SYNJARDY TAB 5-1000MG	32	temazepam.....	28
SPRITAM.....	26	SYNJARDY TAB 5-500MG	32	TENIVAC INJ 5-2LF	45
SPRYCEL.....	13	SYNJARDY XR TAB 10-1000	32	tenofovir disoproxil fumarate.....	5
sps.....	34	SYNJARDY XR TAB 12.5-1000	32	TEPMETKO.....	13
sronyx.....	36	SYNJARDY XR TAB 25-1000	32	terazosin hcl.....	15
ssd.....	52	SYNJARDY XR TAB 5-1000MG	32	terbinafine hcl	4
STELARA	44	SYNTHROID.....	39	terbutaline sulfate	49
STIVARGA	13	T		terconazole vaginal.....	41
streptomycin sulfate.....	3	TABLOID	9	TERIPARATIDE.....	34
STRIBILD TAB.....	5	TABRECTA.....	13	testosterone.....	30
subvenite	26	tacrolimus	45	testosterone cypionate....	30
sucralfate.....	40	tacrolimus (topical).....	54	testosterone enanthate ...	30
sulfacetamide sodium (acne).....	51	TAFINLAR	13	tetrabenazine	29
sulfacetamide sodium (ophth).....	47	TAGRISO	13	tetracycline hcl.....	8
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	47	TALTZ.....	44	THALOMID	10
sulfadiazine.....	3	TALZENNA.....	13	THEO-24.....	50
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	3	tamoxifen citrate	9	theophylline.....	50
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	tamsulosin hcl.....	41	thioridazine hcl.....	24
		tarina 24 fe.....	36	thiothixene	24
		tarina fe 1/20 eq.....	36	tiadylt er.....	19
				tiagabine hcl.....	27
				TIBSOVO.....	13

TICOVAC.....	45	<i>triamcinolone acetonide</i>		TROPHAMINE INJ 10% .47	
<i>tigecycline</i>	8	(<i>topical</i>)	53	<i>tropium chloride</i>	41
<i>tilia fe</i>	36	<i>triamterene &</i>		TRULICITY	32
<i>timolol maleate</i>	19	<i>hydrochlorothiazide cap</i>		TRUMENBA INJ	45
<i>timolol maleate (ophth)</i> ...	48	37.5-25 mg.....	19	TRUQAP	14
<i>tinidazole</i>	3	<i>triamterene &</i>		TRUXIMA.....	14
TIVICAY.....	5	<i>hydrochlorothiazide tab</i>		TUKYSA	14
TIVICAY PD.....	5	37.5-25 mg.....	20	TURALIO	14
<i>tizanidine hcl</i>	30	<i>triamterene &</i>		<i>turqoz</i>	36
TOBRADEX OIN 0.3-0.1%	47	<i>hydrochlorothiazide tab</i>		TWINRIX INJ	46
TOBRADEX ST SUS 0.3-0.05.....	47	75-50 mg.....	20	TYBOST	5
<i>tobramycin</i>	3	<i>tridacaine ii</i>	53	<i>tydemy</i>	36
<i>tobramycin (ophth)</i>	47	<i>trientine hcl</i>	34	TYPHIM VI.....	46
<i>tobramycin sulfate</i>	3	<i>tri-estarylla</i>	36	TYRVAYA	48
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> ...	47	<i>trifluoperazine hcl</i>	24	U	
<i>tolterodine tartrate</i>	41	<i>trifluridine</i>	47	UBRELVY	29
<i>topiramate</i>	27	<i>trihexyphenidyl hcl</i>	23	<i>unithroid</i>	39
<i>toremifene citrate</i>	9	TRIJARDY XR TAB ER 24HR 10-5-1000MG ...	32	<i>ursodiol</i>	40
<i>torpenz</i>	13	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	32	V	
<i>torse mide</i>	19	TRIJARDY XR TAB ER 24HR 25-5-1000MG ...	32	<i>valacyclovir hcl</i>	6
TOUJEO MAX SOLOSTAR	33	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...	32	VALCHLOR	54
TOUJEO SOLOSTAR.....	33	TRIKAFTA PAK 59.5MG 50		<i>valganciclovir hcl</i>	6
TPN ELECTROL INJ	46	TRIKAFTA PAK 75MG ...	50	<i>valproate sodium</i>	27
TRADJENTA	32	TRIKAFTA TAB 100-50-75MG & 150MG	50	<i>valproic acid</i>	27
<i>tramadol hcl</i>	2	TRIKAFTA TAB 50-25-37.5MG & 75MG	50	<i>valsartan</i>	17
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	<i>tri-legest fe</i>	36	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	17
<i>trandolapril</i>	15	<i>tri-linyah</i>	36	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	17
<i>tranexamic acid</i>	42	<i>tri-lo-estarylla</i>	36	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	17
<i>tranylcyromine sulfate</i> ...	22	<i>tri-lo-marzia</i>	36	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	17
TRAVASOL INJ 10%	47	<i>tri-lo-mili</i>	36	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	17
TRAZIMERA.....	13	<i>tri-lo-sprintec</i>	36	VALTOCO 10 MG DOSE	27
<i>trazodone hcl</i>	22	<i>trimethoprim</i>	3	VALTOCO 15 MG DOSE	27
TRECTOR.....	6	<i>tri-mili</i>	36	VALTOCO 20 MG DOSE	27
TRELEGY AER ELLIPTA 100-62.5-25 MCG	49	<i>trimipramine maleate</i>	22	VALTOCO 5 MG DOSE ..	27
TRELEGY AER ELLIPTA 200-62.5-25 MCG	49	TRINTELLIX	22	<i>vancomycin hcl</i>	4
TREMFYA	44	<i>tri-nymyo</i>	36	VANCOMYCIN HYDROCHLORIDE.....	4
<i>treprostinil</i>	20	<i>tri-sprintec</i>	36	VANCOMYCIN INJ 1 GM .4	
TRESIBA	33	TRIUMEQ PD TAB	5	VANCOMYCIN INJ 500MG	4
TRESIBA FLEXTOUCH..	33	TRIUMEQ TAB	5		
<i>tretinoin</i>	51	<i>trivora-28</i>	36		
<i>tretinoin (chemotherapy)</i> .10		<i>tri-vylibra</i>	36		
<i>triamcinolone acetonide (mouth)</i>	54	<i>tri-vylibra lo</i>	36		
		TROGARZO	5		

VANCOMYCIN INJ 750MG	VRAYLAR.....	XPOVIO 40 MG ONCE
.....4	VRAYLAR CAP 1.5-3MG	WEEKLY.....
VANFLYTA.....	14	14
VAQTA.....	<i>vyfemla</i>	XPOVIO 40 MG TWICE
46	36	WEEKLY.....
<i>varenicline tartrate</i>	<i>vylibra</i>	14
30	36	XPOVIO 60 MG ONCE
<i>varenicline tartrate tab 11 x</i>	VYZULTA.....	WEEKLY.....
<i>0.5 mg & 42 x 1 mg start</i>	48	14
<i>pack</i>	W	XPOVIO 60 MG TWICE
30	<i>warfarin sodium</i>	WEEKLY.....
VARIVAX.....	42	14
46	<i>water for irrigation, sterile</i>	XPOVIO 80 MG ONCE
VASCEPA.....	<i>irrigation soln</i>	WEEKLY.....
18	54	14
VAXCHORA SUS.....	WELIREG.....	XPOVIO 80 MG TWICE
46	10	WEEKLY.....
<i>velivet</i>	<i>wera</i>	14
36	36	XPOVIO 80 MG TWICE
VELPHORO.....	<i>wixela inhub</i>	WEEKLY.....
38	51	14
VELTASSA.....	<i>wymzya fe</i>	9
34	36	XTANDI.....
VEMLIDY.....	X	<i>xulane</i>
6	XALKORI.....	36
VENCLEXTA.....	14	XULTOPHY INJ 100/3.6
14	XARELTO.....	.33
VENCLEXTA TAB START	XARELTO STAR TAB	Y
PK.....	15/20MG.....	<i>yargesa</i>
14	42	38
<i>venlafaxine hcl</i>	XATMEP.....	YF-VAX INJ.....
22	44	46
VENTAVIS.....	XCOPRI.....	<i>yuvaferm</i>
20	27	37
VENTOLIN HFA.....	XCOPRI PAK 100-150....	Z
49	27	<i>zafemy</i>
VENTOLIN HFA	XCOPRI PAK 12.5-25....	<i>zafirlukast</i>
(INSTITUTIONAL PACK)	XCOPRI PAK 150-200MG	<i>zaleplon</i>
.....	(MAINTENANCE).....	28
49	27	ZARXIO.....
<i>verapamil hcl</i>	XCOPRI PAK 150-200MG	42
19	(TITRATION).....	ZEJULA.....
VERQUVO.....	27	14
20	XCOPRI PAK 50-100MG	ZELBORAF.....
VERSACLOZ.....	27	14
24	XCOPRI PAK 50-100MG	ZEMAIRA.....
VERZENIO.....	27	50
14	XDEMVI.....	<i>zenatane</i>
<i>vestura</i>	48	52
36	XELJANZ.....	ZENPEP CAP 10000UNT
V-GO 20 KIT.....	44	.....
33	XELJANZ XR.....	40
V-GO 30 KIT.....	44	ZENPEP CAP 15000UNT
33	XERMELO.....	.....
V-GO 40 KIT.....	40	40
33	XGEVA.....	ZENPEP CAP 20000UNT
<i>vienna</i>	34	.....
36	XHANCE.....	40
<i>vigabatrin</i>	50	ZENPEP CAP 25000UNT
27	XIFAXAN.....	.....
<i>vigadrone</i>	40	40
27	XIGDUO XR TAB 10-1000	ZENPEP CAP 3000UNIT
VIGAFYDE.....	.....	40
27	.....	40
<i>vigpoder</i>	XIGDUO XR TAB 10-	ZENPEP CAP 40000UNT
27	500MG.....	.....
<i>vilazodone hcl</i>	32	40
22	XIGDUO XR TAB 2.5-1000	ZENPEP CAP 5000UNIT
<i>vincristine sulfate</i>.....	.....	40
10	32	ZENPEP CAP 60000UNT
<i>vinorelbine tartrate</i>	XIGDUO XR TAB 5-	.....
10	1000MG.....	40
<i>violele</i>	32	ZERVIAE.....
36	XIGDUO XR TAB 5-500MG	.....
VIRACEPT.....	.....	<i>zidovudine</i>
5	32	5
VIREAD.....	XIIDRA.....	42
5	48	ZIEXTENZO.....
VITRAKVI.....	XOFLUZA.....	24
14	6	<i>ziprasidone hcl</i>
VIVITROL.....	XOLAIR.....	24
30	50	<i>ziprasidone mesylate</i>
VIZIMPRO.....	XOSPATA.....	24
14	14	ZIRABEV.....
VONJO.....	XPOVIO 100 MG ONCE	14
14	WEEKLY.....	48
VORANIGO.....	14	ZIRGAN.....
14		48
<i>voriconazole</i>		<i>zoledronic acid</i>
4		34
VOSEVI TAB.....		
6		

ZOLINZA	14	<i>zovia 1/35</i>	36	ZYDELIG	14
<i>zolpidem tartrate</i>	28	ZTALMY	27	ZYKADIA	14
ZONISADE	27	<i>zumandimine</i>	36	ZYLET SUS 0.5-0.3%	47
<i>zonisamide</i>	27	ZURZUVAE	22	ZYPREXA RELPREVV ...	25



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Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: وأهـ صلاب قلعـت ؤلـئـسـأـيـأ نـع ؤبـاـجـإـلـل ؤيـنـاـجـمـلـا يـرـوـفـلـا مـجـرـتـمـلـا تـاـمـدـخـمـدـقـنـا نـا
ىلع انب لاصتال ىوس كئيلع سيل، يروف مجرتم ىلع لوصح لل. اني دل ؤي وءال لودج
مءدخ هءه. كئءعاس مـب ؤيـبـرـعـلـا ثـدـحـتـيـا مـصـخـش مـوقـيـسـيـا. 1 (800) 660-4672 (TTY: 711).
ؤيـنـاـجـمـ

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

HAWAI'I MEDICAL SERVICE ASSOCIATION

hmsa.com/advantage

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact HMSA.

HMSA CENTERS

Visit one of our HMSA Centers with most locations providing convenient evening and Saturday hours. Hours of operation may change. Please go to hmsa.com/contact before your visit.

Honolulu, Oahu

818 Keeaumoku St.

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

Pearl City, Oahu

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Hilo, Hawaii Island

Waiakea Center | 303A E. Makaala St.

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Kahului, Maui

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

Lihue, Kauai

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

PHONE

(808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m.–8 p.m.

TTY: 711



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